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SOS APA Form 001

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTO	ATIVE	DDOCEDIIDES	NOTICE FILING
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ADMINISTRATIVE I NOCEDO	KES NOTICE TIEMO					
AGENCY NAME Mississippi Department of Education		CONTACT PERSON Raina Lee	TELEPHONE NUMBER 601-359-1847		MBER	
ADDRESS 359 North West Street		CITY Jackson		STATE MS	ZIP 39201	
EMAIL	SUBMIT DATE	Name or number of rule(s): COMPILATION Title 7:Education K-12				
rlee@mde.k12.ms.us	05/06/2013	Part 39: Agriculture Food and Natural	Natural Resources - Career Pathway - Science of Agricultural Anima			
Short explanation of rule/amendm Complying with SOS APA 3.2. Specific legal authority authorizing List all rules repealed, amended, o	the promulgation of ru	ıle: MCA 37-3-11	ent/repeal:	Adopted with	no changes in text.	
ORAL PROCEEDING:	020					
An oral proceeding is scheduled	d for this rule on Date	e: Place:				
Presently, an oral proceeding is	not scheduled on this	rule.				
If an oral proceeding is not scheduled, an o ten (10) or more persons. The written requ notice of proposed rule adoption and shoul agent or attorney, the name, address, emai comment period, written submissions inclu ECONOMIC IMPACT STATEMEN	est should be submitted to t d include the name, address, l address, and telephone nur ding arguments, data, and vi	he agency contact person at the above , email address, and telephone numbe nber of the party or parties you repres	address withing of the person ent. At any tin	n twenty (20) day (s) making the red ne within the twe	s after the filing of this quest; and, if you are an nty-five (25) day public	
Economic impact statement no	1977	Concise summary of ed	conomic imp	oact statemen	t attached.	
TEMPORARY RULES PROP		SED ACTION ON RULES	ON RULES FINAL ACTION ON RULES			
Effective date: Repeated Adopt Other (specify): Proposed fin 30 date			Date Proposed Rule Filed: 4/9/2013 Action taken:X Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date:X 30 days after filing Other (specify):			
Printed name and Title of perso	n authorized to file re	ules:Raina Anderson Lee,			eral	
Signature of person authorized	to file rules:	Kerten			_	
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE	0	FFICIAL FILING	G STAMP	
Accepted for filing by	Accepted fo	r filing by	Accepted for filing by			

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.